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Bib Data Sheet

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|-------------------------------|------------------------------------------|
| <b>SERIAL NUMBER</b><br>09/653,416                                                                                                                                                                                                                                                                                                                                           | <b>FILING DATE</b><br>08/31/2000<br><b>RULE</b> - | <b>CLASS</b><br>709  | <b>GROUP ART UNIT</b><br>2152 | <b>ATTORNEY DOCKET NO.</b><br>2000 1199A |
| <b>APPLICANTS</b><br>Kenji Tagawa, Katano, JAPAN;<br>Teruto Hirota, Moriguchi, JAPAN;<br>Hideki Matsushima, Studio City, CA ;<br>Masayuki Kozuka, Arcadia, CA ;<br>Mitsuhiro Inoue, Studio City, CA ;<br>Yasushi Uesaka, Sanda, JAPAN;<br>Shunji Harada, Osaka, JAPAN;<br>Taihei Yugawa, Nara, JAPAN;<br>Masaya Miyazaki, Ikeda, JAPAN;<br>Masanori Nakanishi, Osaka, JAPAN; |                                                   |                      |                               |                                          |
| <b>** CONTINUING DATA *****</b> <i>EE</i>                                                                                                                                                                                                                                                                                                                                    |                                                   |                      |                               |                                          |
| <b>** FOREIGN APPLICATIONS *****</b> <i>EE</i><br>JAPAN 11-247922 09/01/1999<br>JAPAN 11-258582 09/13/1999<br>JAPAN 11-274182 09/28/1999<br>JAPAN 2000-125864 04/26/2000                                                                                                                                                                                                     |                                                   |                      |                               |                                          |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 11/08/2000</b>                                                                                                                                                                                                                                                                                                   |                                                   |                      |                               |                                          |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged                                                                                                    | STATE OR COUNTRY<br>JAPAN                         | SHEETS DRAWING<br>45 | TOTAL CLAIMS<br>13            | INDEPENDENT CLAIMS<br>8                  |
| <b>ADDRESS</b><br>Wenderoth Lind & Ponack LLP<br>Suite 800<br>2033 K Street NW<br>Washington ,DC 20006                                                                                                                                                                                                                                                                       |                                                   |                      |                               |                                          |
| <b>TITLE</b><br>Distribution system, semiconductor memory card, receiving apparatus, computer-readable recording medium and receiving method                                                                                                                                                                                                                                 |                                                   |                      |                               |                                          |

|                                                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------|
| <b>FILING FEE<br/>RECEIVED<br/>1080</b>                           | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br/>time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )                     |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )                      |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |
| <input type="checkbox"/> Other _____                              |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |
| <input type="checkbox"/> Credit                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                               |                                                                   |                                              |                                      |                                 |